



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

POLICY	
Department on Disability Services	Subject: Provider Certification Review
Responsible Program or Office: Developmental Disabilities Administration and Quality Assurance and Performance Management Administration	Policy Number: 2018-DDS-POL003
Date of Approval by the Director: December 21, 2018	Number of Pages: 5
Effective Date: December 21, 2018	Expiration Date, if Any: N/A
Supersedes: Provider Certification Review Policy, 2013-DDS-POL013 (January 1, 2015)	
Cross References, Related Policies and Procedures, and Related Documents: All Developmental Disabilities Administration (DDA) policies and procedures and DDA Home and Community-Based Services Waiver rules, 29 DCMR §1900 <i>et seq.</i>	

1. PURPOSE

The purpose of this policy is to establish the standards by which the Department on Disability Services (DDS), Developmental Disabilities Administration (DDA) and Quality Assurance and Performance Management Administration (QAPMA), will ensure, via the Provider Certification Review (PCR) process, that enrolled providers are and remain qualified to deliver supports and services to people supported through the Home and Community-Based Services (HCBS) Waiver for People with Intellectual and Developmental Disabilities (IDD).

2. APPLICABILITY

This policy applies to all enrolled HCBS waiver providers that deliver services and supports listed in Section 6.A. of this policy to those people with intellectual and developmental disabilities receiving services as part of the DDA service delivery system funded through the Department of Health Care Finance (DHCF) under the DDA HCBS IDD waiver program.

3. AUTHORITY

The authority for this policy is established in the Department on Disability Services as set forth in D.C. Law 16-264, the “Department on Disability Services Establishment Act of 2006,” effective March 14, 2007 (D.C. Official Code § 7-761.01 *et seq.*); D.C. Law 2-137, the “Citizens with Intellectual Disabilities Constitutional Rights and Dignity Act of 1978,” effective March 3, 1979 (D.C. Official Code § 7-1301.01 *et seq.*); and Mayor’s Order 2009-



120 dated June 29, 2009, (Delegation of Authority Pursuant to D.C. Law 5-48, the “Health-Care and Community Residence Licensure Act of 1983”).

4. POLICY

It is the policy of DDS to ensure that all people receiving supports from the DDA service system have access to and receive quality supports, services, and health care. All enrolled DDA providers delivering residential, respite, in-home, day and vocational HCBS IDD waiver program services and supports will undergo the certification process and must continuously meet certification requirements to continue as qualified providers.

5. RESPONSIBILITY

The responsibility for implementation of this policy resides with the DDS Deputy Director for QAPMA.

6. STANDARDS

A. All provider organizations contracted through DDS or which have a Medicaid provider agreement through DHCF to provide residential, respite, in-home, day and vocational HCBS IDD waiver program services will be subject to the PCR process. The following is a listing of services subject to PCR:

Residential

- Residential Habilitation
- Supported Living
- Supported Living Periodic
- Supported Living with Transportation
- Host Home without Transportation
- Respite Care-Daily
- Respite Care-Hourly
- In-Home Supports

Vocational/Day Supports

- Supported Employment (Intake & Assessment)
- Supported Employment (Job Placement)
- Supported Employment (Job Training and Support)
- Supported Employment (Long Term Follow Along)
- Supported Employment (Small Group)
- Individualized Day Supports
- Day Habilitation
- Day Habilitation 1:1
- Day Habilitation (Small Group)
- Employment Readiness



- Employment Readiness 1:1
 - Companion Services
- B. The first PCR review will be conducted after a provider delivers services for a period of sixty (60) calendar days in order to evaluate the provider organization’s performance in implementing each person’s Individual Support Plan and operationalizing the agency’s policies and procedures as approved during the provider enrollment process.
- C. The PCR evaluates performance with each distinct service. As a result, a provider may receive certification for one service and fail to achieve certification in a second, for example.
- D. The PCR process may include, but is not limited to, sampling, document review, observation, and interviews. If the provider does not achieve, at a minimum, a “Satisfactory” rating on the initial PCR visit, one follow-up review visit will be conducted within thirty (30) to sixty (60) calendar days from the date the provider receives the initial PCR report.
- E. Outcomes measured through the PCR will be used to determine a provider’s performance in person-centered outcomes and organizational outcomes.
- F. There are five possible ratings that may be assigned at the conclusion of the initial PCR review:
1. Excellent;
 2. Satisfactory;
 3. Needs Improvement;
 4. Unsatisfactory; or
 5. Failed.
- G. There are three levels of certification that can be achieved as a result of a completed PCR:
1. Provisional six-month certification;
 2. Annual certification; or
 3. Two-year certification.
- H. Providers that receive an “Unsatisfactory” or “Needs Improvement” rating for a specific service on the initial PCR may be subject to one or all of the following:
1. Placement on the Do Not Refer list for a hold on referrals, transitions in progress or admissions to that service;
 2. Existing services placed on Enhanced Monitoring; or
 3. Other available sanctions as may be appropriate per DDS policy.



- I. Providers with a history of consecutive ratings on the initial PCR that are in the “Needs Improvement” or “Unsatisfactory” categories will face additional sanctions in subsequent PCRs that may include but are not limited to:
 1. Being limited to a provisional six-month certification after satisfactorily passing a follow-up PCR, when an annual certification would have been achieved if consecutive “Needs Improvement” or “Unsatisfactory” ratings were not present.
 2. Being required to submit to a review of all available quality indicators collected by DDS for the review period in question by the Certification Review Panel prior to completion of the PCR process. The PCR Certification Review Panel will consider all available quality indicators and evidence in making a decision.
 3. When the Panel recommends termination of a provider certification, the provider will be:
 - a. Placed on Enhanced Monitoring;
 - b. Closed to new admissions of any kind; and
 - c. Referred to DHCF for termination of the Medicaid provider agreement for the service(s).

No further PCR will be conducted during the termination proceedings. An assessment of health and safety concerns will be conducted by the PCR team every six months during this time period.
 4. When a follow-up PCR is recommended by the PCR Certification Review Panel and the provider achieves a “Satisfactory” rating at the follow-up PCR, the provider will receive a provisional six-month certification.
- J. A provider that receives a “Failed” rating on initial or follow-up PCR will be referred to the PCR Certification Review Panel for consideration to continue with a follow-up PCR, to receive provisional certification, or to recommend termination.
- K. The provider may appeal its PCR results within five (5) business days of the receipt of the report by submitting documentation to refute the findings to the PCR Project Director. The PCR Project Director must respond within ten (10) business days from receipt of the appeal.
- L. If the provider disagrees with the findings from the PCR Director, the provider may appeal those findings to the DDS Deputy Director for the QAPMA within five (5) business days of receipt of the findings. The DDS Deputy Director for the QAPMA will issue the final administrative decision within ten (10) business days of receipt of the appeal.



- M. DDS submits recommendations for termination of the Medicaid provider agreement to DHCF. Following the submission of such a termination recommendation, all subsequent actions are taken by DHCF.
- N. If a provider is deemed no longer qualified to deliver a service or services by DDS, the following actions will occur:
1. The service will remain on or be placed on Enhanced Monitoring by DDS.
 2. Certification will not be renewed.
 3. All transitions, referrals and admissions will be held.
 4. The final PCR report for that service or services will be shared with the person, family members as appropriate, guardians, court-appointed attorney and other substitute decision-makers. Notice will be provided to the person and members of his/her support team that the assigned DDA service coordinator is available to coordinate a transition to a new service provider.
 5. A team meeting will be held if requested to determine if the person/family/guardian would like to choose a new provider, or if the person will remain with the provider pending the results of any administrative appeal of the PCR results.
- O. All PCR results will be published on the DDS/DDA website.



Andrew P. Reese, Director

12/21/18
Approval Date